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**AMENDMENT UNDER
37 C.F.R. §1.111**

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Attorney Docket No.	CNVG-007CON2
Confirmation No.	7246
First Named Inventor	WHAYNE, JAMES G.
Application Number	10/613,593
Filing Date	July 2, 2003
Group Art Unit	3731
Examiner Name	MENDOZA, MICHAEL G.
Title:	"DISTAL ANASTOMOSIS SYSTEM"

Sir:

This amendment is responsive to the Office Action dated March 8, 2005 for which a three-month period for response was given making this response due on or before June 8, 2005. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/613,593
		Filing Date	July 2, 2003
		First Named Inventor	WHAYNE, JAMES G.
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		Examiner Name	MENDOZA, MICHAEL G.
Total Number of Pages in This Submission		Attorney Docket Number	CNVG-007CON2
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Signing Attorney/Agent (Reg. No.)	CAROL M. LASALLE, 39.740 BOZICEVIC, FIELD & FRANCIS, LLP		
Signature			
Date	June 7, 2005		

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